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A MEXICAN CHALLENGE TO COMMUNITY UNDERDEVELOPMENT

One of the major concerns of economists and politicians in recent decades has been economic development, both the philosophy of development and its practice.

The last war destroyed structures in the European countries that suffered the most devastation, with the result that their critical situation could only be remedied, on the basis of western economic theory, by the application of routine measures and procedures. These measures, based on the rational use of orthodox economic concepts derived from the industrial revolution, made possible the resurgence of post-war Europe.

The resurgence of the European economy led to the belief that the western model of development, when applied to underdeveloped countries, would produce the same miracle as had occurred in Europe. By passing through the stages of development which Europe had traversed one or two centuries earlier, those countries whose income levels were low could increase their financial resources.

However, the first attempts showed that the western model was not of general application. The history of economic development of Europe shows that the transition to an industrialized economy took place under special conditions it is difficult to reproduce. The population explosion in underdeveloped countries introduces a variant which, while of little importance when the European countries embarked upon industrialization, is now of such magnitude that it totally changes the picture.

It was undoubtedly thought that the store of technology and know-how available to developing countries could offset the disadvantages of population growth.

The problem therefore was reduced to offering underdeveloped countries the technology and know-how which would enable them to lay the basis for growth and development. With these assumptions certain metropolitan countries launched development and welfare programs designed to modernize the economy of their subject populations. They made available to the indigenous population forms of education, public health, transportation, credit, organization and modern methods for initiating their development. The resultant failures are well known; the subject populations showed no interest in the proposed solutions and innovations and continued to live in accordance with the knowledge and practices of their own culture.

The colonial experience highlighted the need for the active participation of the community in every development program, a participation which was difficult to obtain from subject peoples. It is only possible to motivate people to create and develop when the conditions are favorable, that is, when they hold out the possibilities of achieving well-being, and that is difficult to obtain under colonialism. Subordination, within the social structure, gives precedence to the foreign population and places the indigenous population on the lowest rungs of the social ladder. This is not the ideal situation for obtaining the necessary cooperation between the Government and the governed.

The existence of a dual stratification became clear as a result of the resistance of the indigenous population to the development programs of the metropolis. In the same country, two societies with different principles and economic practices lived side by side; the first, modern and industrial, with a complex culture, represented by the foreign population and their descendants who constituted the governing elite, and the second, traditional or archaic, which comprised the subject masses represented by the indigenous population. The gap separating the two societies was so wide, and the cost of bridging it so great, that the metropolis never tried to do so.

Economic principles, that are the basis of an industrial economy, were not applicable to traditional societies that are not part of an economy in which the market regulates all factors of production, including land and labor, which in the indigenous communities are not considered commodities and consequently are not subject to the principles governing prices or the market.

Reciprocity and redistribution are the basis of various forms of cooperative work; they appear to be a favorable basis for the construction of modern forms of cooperation but, in fact, are opposed to the principles of modern capitalism.

Economic planners chose to follow the road that involved the least effort, that is, to await the growth of the modern sector of society, and left the traditional or archaic sector to its fate.

As a result, the gap between the two sectors widened and made the colonial situation even more evident. This situation is not only found in colonial countries; it also exists in a great part of the independent countries that were formerly colonies. They also suffer from the drawbacks of a dual society and it is they that urgently need a theory and practice specially designed to correct their difficult situation. These constitute the complex of concepts which is today called community development.

Of the Latin American countries with dual societies, Mexico was fortunate to be the first to experience a social revolution which provides the necessary incentive and motivation to formulate a theory and practice of the development of the traditional sector of its population. The ideas and patterns did not start out as a unified system of development, concepts and activities. They emerged one by one, where the Government experimented with new forms of dealing with the people and their ancestral problems.

The first attempt at "conceptualization" and application of a theory of development was made in the early years of the decade of 1910 in an Indian community whose improvement and integration into the life of the nation was attempted by means of what was called integrated action, that took into consideration the biological, psychological, social, economic and cultural aspects of the regional unit.

The experiment, which was based on the establishment of an educational system designed to make the rural population literate, supplied a further impetus. The usual methods of teaching were adapted to the rural environment, and the teachers chosen were such as could deal with this kind of situation. The type of teacher chosen had little technical expertise but he did have the initiative to act as a promoter of the development of the community in which he performed his multiple functions. In addition to literacy training, these functions include land management, agricultural promotion, economic organization, health and recreation, and especially the pouring of modern ideas into the old traditional molds so that the transition from the archaic to the modern could take place without personality and structural changes leading to anomie.

A third contribution to the theory and practice of development was made by agrarian reform which handed over to the peasants the land they worked. This gave rise to a new conception of property and its use, which was called the "ejido." This gave the peasants a new status in society and gave them a share in the power formerly held by the large land owners. Agricultural credit introduced a new and powerful factor of renewal in the communities with a subsistence economy and, together with their reorganization as cooperatives, made it possible to create structures which represented a new step forward in the integration of those communities into the life of the nation.

Public health introduced into the rural areas the ideas and practices of scientific medicine and contrasted them with the traditional ones. The aim of these activities is not only to remove the anxieties stemming from a state of ill health; they also exercise the functions of social control which are held in high esteem and prevent the facile substitution of one type of medicine by another, regardless of the undoubted advantages which western medicine offers for the recovery of health. The very close relationship of medicine to other important aspects of the culture showed how useless it was to establish unilateral programs in Indian communities where it is virtually impossible to separate one aspect of the culture from its social context. To be successful, health programs had to remain part of broader development programs.

The unity of coherent and integrated action was also tried early on in Mexico by applied anthropology, when it temporarily became responsible for the care of certain regional populations, a thesis which later became the basis of the cultural missions, composed of teams of specialists which undertook joint activities for the improvement and integration of rural communities. Subsequently these cultural missions were established in the large towns which, because they were poles of attraction for the rural population, received considerable numbers of migrants from the traditional sector of society.

"The term 'community development' has come into international usage to connote the processes by which the efforts of the people themselves are united with those of governmental authorities to improve economic, social, and cultural conditions of communities, to integrate these communities into the life of the nation, and to enable them to contribute fully to national progress. This complex of processes is, therefore, made up of two essential elements: the participation of the people themselves in efforts to improve their level of living, with as much reliance as possible on their own initiative; and the provision of technical and other services in ways that encourage initiative, self-help, and mutual help and make these more effective." In this definition of a group of United Nations experts, two important objectives are proposed - improvement and integration; but it also puts a limit on development activities: the point at which the community has succeeded in establishing the preconditions or prerequisites which will enable it henceforward to contribute fully to national progress.

However, it should be noted that, in the Indian communities of Mexico and other countries of the Continent, we are not faced with underdeveloped peasant populations. They are basically ethnic groups with a different culture which have great internal cohesion and show great resistance to integration, as defined above, when this attempts to preserve the mechanisms of domination which place the Indians in a subordinate position.

The agent of change for achieving integration in these communities is the cultural promoter, a bilingual Indian drawn from the community in which

he is to carry out his activities. The promoter is given technical training which enables him to act as an auxiliary to higher level professional personnel. On his shoulders rests the responsibility of translating the proposed innovations in education, public health, agriculture, stock raising, business organization, urbanization, and recreation in terms of the values of the culture of the community. This change, by being induced within the community itself, favors the evolution of the culture and the opening up of closed communities. These processes are essential if the community is to be integrated into the culture and life of the nation.

The promoter is trained to use and manipulate two cultures, his own and the national culture; however, the Indian culture is his culture of origin and he is conditioned to it by an early process of endoculturalization. On the other hand, the high level professional is part of a highly specialized industrial culture which frequently separates the content of his discipline from the social context and attempts to introduce it in that form into the Indian community. The promoter finds economic, educational and public health matters difficult to understand outside his context. The interaction between the specialized work of the expert and the highly socialized work of the promoter establishes an equilibrium favorable to innovations.

In Mexico, we have not yet developed a theory and a practice for the development of urban communities that is adapted to our own needs, such as those we have formulated for the peasant population. That may possibly be due to the fact that urbanization problems are relatively new, resulting from the population explosion which has occurred in the last 20 or 30 years.

Our countries are encountering increasingly greater difficulties in moderating the attraction exercised by poles of industrial growth on the peasants; they lack a unified and coherent doctrine enabling them to offer migrants housing, income, levels of living, education and health in accordance with the needs of modern life in the large towns.

Some idea of the magnitude of the problem may be gathered by the fact that in most of the developing countries the rural population is estimated at more than 50% of the total population; in addition, its level of living is still much lower than that of the urban population.

From the middle of the 1930's, cooperative medico-public health units which merged preventive and curative medical services were organized in Mexico and, from the standpoint of administration, the Federal Public Health Authorities were unified with the peasants, or ejidatarios. The success of this first unit led to the development of the so-called Cooperative Rural Medical Services; these were, in fact, the first system of social security instituted in the rural areas in Mexico.

In recent years considerable impetus has been given to a new approach to the development of rural communities by the Programa de Obras Rurales por Cooperación in which, through the joint effort of the public health authorities and the community, it is possible to undertake works of direct use to rural communities. The health authorities contribute technical know-how and materials that cannot be obtained locally; the community, manpower and the materials available in the region. As an additional incentive, food rations containing foods that enrich the diet of the peasants and help improve their nutritional status are given to volunteers who contribute their labor.

Recently the Government has initiated a pilot project designed to provide services for rural communities with less than 500 inhabitants. There are more than 50,000 of these communities and obviously our country does not have either sufficient physicians or resources to provide them, within a reasonable time, with integrated medical services. With the experience gained over the years, both in Mexico and elsewhere, the health services give technical assistance to rural communities for the training of a volunteer selected by the community itself as well as tools and some materials for the construction of a health center. The volunteer is given training in a hospital in the principles and practices of preventive medicine and hygiene, in first aid, and is also taught the elements of the diagnosis and treatment of the most prevalent diseases in the region; the idea behind this training is that the volunteer, when he understands the limitations of his training; will promptly refer a patient to the nearest health center or hospital.

Many countries have schemes for providing the rural population with health services of this type; however, on the basis of Mexican experience gained over a number of decades in integrating dual societies into national progress, within the context of the modern concepts of community development, we look forward with confidence to the success of our endeavours.

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